

mart (810) Invoice

Read Only Form

## Header and Summary

Invoice Date:	01/21/2019;	Invoice No.:	3421;	Invoice Type:	First Cost Invoice:
PO No.:	08781017530;	Contact Name:	JOHN DEBRITTO;	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM;
For JTT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JTT PO No.:					
Terms Type:		Discount Not Applicable:	Terms Date:	Previously agreed upon:	
Disc Percent:	4.5;	Net Days:	20:	Method of Pay:	
Disc Amount:	77.22;	Net Due Date:	02/09/2019;	Loc Qualifier:	Collect:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	City and State:
Disc Due Date:	.....	Deferred Amt Due:	.....	CITY OF INDUSTRY:	
Transport Type:		Motor:	Agency Qualifier:	Remit To DUNS:	00079173201
Ship To DUNS + 4:	0003947268781		VICS:		
Bill of Lading #:					
Code:	.....	Amount:	.....	Required and must match BOL # from the ASN - except for Small Packages Shipments.	
Allowance:	.....	Method of Handling:	.....	Description:	.....
Charge:	.....	No of Ln Items:	1;		26; Case
Total Inv Amt:	1716;				

### Line Item Details

Date: 01/21/2019

# BILL OF LADING

Page 1

SHIP FROM <b>Name: Bluestar Fashion / UNION LOGISTICS</b> <b>Address: 14700 Nelson Ave</b> <b>City/State/Zip: City of Industry CA 91744</b>				Load# 19011700456				
SID#:	FOB: <input type="checkbox"/>							
SHIP TO <b>Name: Kmarts/Sears</b> Location # _____ <b>Address: 1475 Nutterhouse dR</b> <b>City/State/Zip: Chambersburg, PA 17201</b>				<b>CARRIER NAME:</b> Dart Trailer number: <i>53512</i> Seal number(s): <i>9215153</i> <b>SCAC:</b>				
CID#:	FOB: <input type="checkbox"/>			<b>Pro number:</b>				
THIRD PARTY FREIGHT CHARGES BILL TO: <b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b>								
<b>SPECIAL INSTRUCTIONS:</b>								
<b>CUSTOMER ORDER INFORMATION</b>								
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b># Pallet</b>	<b>PALLET/SKID (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
08781017544		302	5			Bolt#08117990209369945		
08781017530		26	1			Bolt#08117990209364735		
08781017523		19	1			Bolt#08117990209364148		
08781017535		49	1			Bolt#08117990209365794		
				Y	N			
<b>GRAND TOTAL</b>		<b>396</b>	<b>8</b>					
<b>CARRIER INFORMATION</b>								
<b>HANDLING UNIT</b>	<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>			<b>TYPE</b>	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360		<b>NMFC #</b>
8	PLt	396	ctns	5536				
<b>GRAND TOTAL</b>								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>			
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b>					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper; on request, and to all applicable state and federal regulations.					<b>Shipper</b> Signature _____			
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain. <input type="checkbox"/> By Driver/Pieces		
						<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> Property described above is received in good order, except as noted.		

1/27/19

Kmart (810) Invoice

Date: 01/21/2019		<b>BILL OF LADING</b>		Page <u>1</u>
<b>SHIP FROM</b> Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744		Load# 19011700456  <b>CARRIER NAME:</b> Dart Trailer number: 53512 Seal number(s): 9215153 <b>SCAC:</b>  <b>Pro number:</b>		
<b>SHIP TO</b> Name: Kmart/Sears Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201		<b>FOB:</b> <input type="checkbox"/>  <b>Location #:</b> _____		
<b>CID#:</b>  <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: Address: City/State/Zip:		<b>FOB:</b> <input type="checkbox"/>  <b>BAR CODE SPACE</b>		
<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
		<input type="checkbox"/> (check box) Master Bill of Lading; with attached underlying Bills of Lading		
<b>CUSTOMER ORDER INFORMATION</b>				
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b># Pallet</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>
08781017544		302	5	
08781017530		26	1	
08781017523		19	1	
08781017535		49	1	
				Y      N
<b>GRAND TOTAL</b>		396	8	
<b>CARRIER INFORMATION</b>				
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>
8	PLT	396	ctns	5536
<b>GRAND TOTAL</b>				
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b> RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <b>Shipper Signature:</b> _____
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>		<b>Trailer Loaded:</b> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain. <input type="checkbox"/> By Driver/Places		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook, or equivalent documentation in the vehicle. <i>[Signature]</i> Property described above is received in good order, except as noted.

1/27/19

Kmart (810) Invoice

Header and Summary

Invoice Date: 01/21/2019

Invoice No: 08781017523

Contact Name: JOHN DEBRITTO

Invoice Type: First Cost Invoice

Contact Email: PRODUCTION.BLUESTAR@GMAIL.COM

For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:

Terms Type: Discount Not Applicable

Disc Percent: 4.5

Net Days: 20

Net Due Date: 02/09/2019

Deferred Due Date: .....

Deferred Amt Due: .....

Disc Due Date: Motor

Transport Type: Agency Qualifier:

Ship To DUNS + 4: 003947258781

Bill of Lading #: 08117990209364148

Code: Method of Handling:

Allowance: .....

Charge: .....

Total Inv Amt: 1410.75

No of Ln Items: 1

Ship Qty / UOM: 19: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Description	Allow Method of Handling	Monetary Amount
1	19	Case	74.25	Buyer Item No (KSN)	001311938	14 digit GTIN No	0084170814833	PR	RO	C DEST DENIM JEGGING 9PC	9	9	Each						1410.750	

Date: 01/21/2019

**BILL OF LADING**Page 1

## SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB: 

## SHIP TO

Name: Kmart/Sears

Location #: \_\_\_\_\_

Address: 1475 Nutterhouse dR

City/State/Zip: Chambersburg, PA 17201

CID#:

FOB: 

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

## SPECIAL INSTRUCTIONS:

CARRIER NAME: Dart

Trailer number: 53512

Seal number(s): 9215753

SCAC:

Pro number:

**BAR CODE SPACE**

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect  3rd Party  Master Bill of Lading: with attached underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08781017544	302	5		Bill#08117990209369945
08781017530	26	1		Bill#08117990209364735
08781017523	19	1		Bill#08117990209364148
08781017535	49	1		Bill#08117990209365794
			Y      N	
<b>GRAND TOTAL</b>	<b>396</b>	<b>8</b>		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 380</small>	LTL ONLY	
	QTY	TYPE				NMFC #	CLASS
8	PLT	396	ctns	5536			

**GRAND TOTAL**

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:   
Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper; on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature: \_\_\_\_\_

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

**Trailer Loaded:**

- By Shipper  
 By Driver  
 Freight Counted:  
 By Driver/pallets said to contain.  
 By Driver/Places

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT Emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

1/21/19

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/21/2019:	Invoice No.:	3424:	Invoice Type:	
PO No.:	05781017543:	Contact Name:	JOHN DEBRITTO:	Contact Email:	
For JTT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JTT PO No.					
Terms Type:	Discount Not Applicable:	Terms Date:	Previously agreed upon.	First Cost Invoice:	
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	
Disc Amount:	4138.24:	Net Due Date:	02/09/2019:	Loc Qualifier:	
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descrip:	
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:	
Transport Type:	Motor:			Required and must match BOL # from the ASN - except for Small Packages Shipments.	
Ship To DUNS + 4: .0003947268781				Method of Handling:	
Bill of Lading #:		Amount:		Description:	
Code:		.....		.....	
Allowance:		.....		.....	
Charge:		.....		.....	
Total Inv Amt:	91960.96:	No of Ln Items:	16:	Ship Qty / UOM:	10404: Each

Line Item Details

ID	*Qty	*Unit	*Product Type 1	*Product Type 2	*Product ID 1	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	UOM	No of Cartons	Size	Allow Rate	Allow Percent	Allow Description	Allow Method of Handling	Monetary Amount
1	420	Each	8.839	Buyer Item No (KSN)	008241413	14 digit GTIN No	00841708120986	UPC	12 digit UPC	841708120986	Vendor Item No	S6355	DARK WASH	12	1	Each				3712.380
2	444	Each	8.839	Buyer Item No (KSN)	008262427	14 digit GTIN No	00841708120993	UPC	12 digit UPC	841708120993	Vendor Item No	S6355	DARK WASH	12	1	Each				3924.516
3	588	Each	8.839	Buyer Item No (KSN)	008314565	14 digit GTIN No	00841708121006	UPC	12 digit UPC	841708121006	Vendor Item No	S6355	DARK WASH	12	1	Each				5197.332
4	888	Each	8.839	Buyer Item No (KSN)	008314566	14 digit GTIN No	00841708121013	UPC	12 digit UPC	841708121013	Vendor Item No	S6355	DARK WASH	12	1	Each				7849.032
5	948	Each	8.839	Buyer Item No (KSN)	008592911	14 digit GTIN No	00841708121020	UPC	12 digit UPC	841708121020	Vendor Item No	S6355	DARK WASH	12	1	Each				8379.372
6	972	Each	8.839	Buyer Item No (KSN)	008702124	14 digit GTIN No	00841708121037	UPC	12 digit UPC	841708121037	Vendor Item No	S6355	DARK WASH	12	1	Each				8591.508
7	900	Each	8.839	Buyer Item No (KSN)	008702125	14 digit GTIN No	00841708121044	UPC	12 digit UPC	841708121044	Vendor Item No	S6355	DARK WASH	12	1	Each				7955.100
8	444	Each	8.839	Buyer Item No (KSN)	008702135	14 digit GTIN No	00841708121051	UPC	12 digit UPC	841708121051	Vendor Item No	S6355	DARK WASH	12	1	Each				3924.516
9	396	Each	8.839	Buyer Item No (KSN)	009327464	14 digit GTIN No	00841708121075	UPC	12 digit UPC	841708121075	Vendor Item No	S6355	BLACK RINSE	12	1	Each				3500.244

10	360	Each	8.839	Buyer Item No (KSN)	009327465	14 digit GTIN No	00841708121082	12 digit UPC Code	841708121082	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each
11	492	Each	8.839	Buyer Item No (KSN)	009327466	14 digit GTIN No	00841708121099	12 digit UPC Code	841708121099	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each
12	756	Each	8.839	Buyer Item No (KSN)	009327635	14 digit GTIN No	00841708121105	12 digit UPC Code	841708121105	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each
13	744	Each	8.839	Buyer Item No (KSN)	009327636	14 digit GTIN No	00841708121112	12 digit UPC Code	841708121112	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each
14	828	Each	8.839	Buyer Item No (KSN)	009327638	14 digit GTIN No	00841708121129	12 digit UPC Code	841708121129	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each
15	816	Each	8.839	Buyer Item No (KSN)	009327639	14 digit GTIN No	00841708121136	12 digit UPC Code	841708121136	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each
16	408	Each	8.839	Buyer Item No (KSN)	009327640	14 digit GTIN No	00841708121143	12 digit UPC Code	841708121143	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each



Kmart (810) Invoice

Read Only Form

Header and Summary		Invoice No.: 3425:		Invoice Type: JOHN DEBRITTO:		First Cost Invoice: PRODUCTION.BLUESTAR@GMAIL.COM:	
Invoice Date: 01/21/2019:	Contact Name: JOHN DEBRITTO:	Net Days: 20:	Discount Not Applicable:	Terms Date:	Method of Pay:	Previously agreed upon:	
PC No : 08781017544:		Net Due Date: 02/09/2019:			Loc Qualifier:	Collect:	
Disc Percent: 4.5:		Deferred Due Date: .....			Loc Description:	City and State:	
Disc Amount: 1441.46:		Deferred Amt Due: .....				CITY OF INDUSTRY:	
Disc Days Due: 20:		Motor:				Remit To DUNS: 00079173201	
Disc Due Date:		Agency Qualifier:				VICS:	
Transport Type: Ship To DUNS + 4: 0003947268781							
Bill of Lading #:		Amount:		Method of Handling:		Required and must match BOL # from the ASN - except for Small Packages Shipments:	
Code:	.....	.....	.....	.....	.....	Description: .....	
Allowance:	.....	.....	.....	.....	.....		
Charge:	.....	.....	.....	.....	.....		
Total Inv Amt: 32032.54:	No of Ln Items: 8:	Ship Qty / UOM: 3624: Each					

Line Item Details

ID	*Qty	*Invoced	*Unit	*Product Price	*Product Type 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Description	Allow Method of Handling	Monetary Amount
1	312	Each	8.839	Buyer Item No (KSN)	009497920	14 digit GTIN No	00841708121167	12 digit UPC	841708121167	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 2	12	1	Each					2757.768
2	288	Each	8.839	Buyer Item No (KSN)	009497921	14 digit GTIN No	00841708121174	12 digit UPC	841708121174	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 4	12	1	Each					2545.632
3	360	Each	8.839	Buyer Item No (KSN)	009497922	14 digit GTIN No	00841708121181	12 digit UPC	841708121181	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 6	12	1	Each					3182.040
4	564	Each	8.839	Buyer Item No (KSN)	009497923	14 digit GTIN No	00841708121198	12 digit UPC	841708121198	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 8	12	1	Each					4985.196
5	624	Each	8.839	Buyer Item No (KSN)	009497924	14 digit GTIN No	00841708121204	12 digit UPC	841708121204	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 10	12	1	Each					5515.536
6	624	Each	8.839	Buyer Item No (KSN)	009497925	14 digit GTIN No	00841708121211	12 digit UPC	841708121211	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 12	12	1	Each					5515.536
7	576	Each	8.839	Buyer Item No (KSN)	009497926	14 digit GTIN No	00841708121228	12 digit UPC	841708121228	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 14	12	1	Each					5091.264
8	276	Each	8.839	Buyer Item No (KSN)	009497927	14 digit GTIN No	00841708121235	12 digit UPC	841708121235	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 16	12	1	Each					2439.564



Kmart (810) Invoice

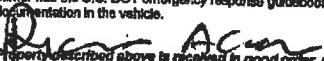
### Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	20	Case	66	Buyer Item No (KSN)	001311936	14 digit GTIN No	0841708148324	PR	RO	C DEST DENIM JEGGING 8PC	8	8	Each					1320.00	

Date:01/22/2019

## **BILL OF LADING**

Page 1

Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744				Load# 19012200480				
SID#: <input type="checkbox"/>				FOB: <input type="checkbox"/>				
SHIP TO Name: Western Regional Specialty DC Location #: _____ Address: 3100 MILLIKEN AVE City/State/Zip: MIRA LOMA , CA 91752				CARRIER NAME: Dart Trailer number: K53803 Seal number(s): 9215161 SCAC:				
CID#: <input type="checkbox"/> THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:				Pro number:  <b>BAR CODE SPACE</b>				
SPECIAL INSTRUCTIONS:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>				
				<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SKID (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
08780043353		324	5			Bo#08117990209366708		
08780043352		990	14			Bo#08117990209381633		
08780043339		20	1			Bo#08117990209364537		
08780043333		13	1			Bo#08117990209364018		
08780043344		42	1	Y	N	Bo#08117990209366289		
GRAND TOTAL		1388	22					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE		H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 309		NMFC #
22	PLt	1388	ctns	18000				
GRAND TOTAL								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper _____				
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.		
		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces				

01-23-19

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/23/2019;	Invoice No.:	3427;	Invoice Type:	First Cost Invoice:
PO No.:	08780043344;	Contact Name:	JOHN DEBRITO;	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM;
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:	Terms Date:	Previously agreed upon:		
Disc Percent:	4.5;	Net Days:	20;	Method of Pay:	Collect:
Disc Amount:	155.93;	Net Due Date:	02/12/2019;	Loc Qualifier:	City and State:
Disc Days Due:	20;	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	.....	Remit To DUNS: 00079173201
Transport Type:	Motor:	Agency Qualifier:	VICS:		
Ship To DUNS + 4: 0003947268780					
Bill of Lading #:					
Code:	.....	Amount:	Required and must match BOL # from the ASN - except for Small Packages Shipments:		
Allowance:	.....	Description:	Method of Handling:		
Charge:	.....	.....	.....		
Total Inv Amt:	3465;	No of Ln Items:	1;	Ship Qty / UOM:	42: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Product Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	PackSize	No of Cartons	Size UOM	Allow Percent	Allow Rate	Allow Description	Allow Method of Handling	Monetary Amount
1	42	Case	82.5	Buyer Item No (KSN)	001311928	14 digit GTIN No	10841708148317	PR	RO	10	10	JEGGING 10PC BRIDAL ROSE	10PC	10	Each					3465.000



Kmart (810) Invoice

Header and Summary

Invoice Date: 01/23/2019:

PO No : 08780043333:

Contact Name: JOHN DEBRITTO:

For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.		Invoice Type: First Cost Invoice: Contact Email: PRODUCTION.BLUESTAR@GMAIL.COM:	
Terms Type:	Discount Not Applicable:		
Disc Percent:	4.5:	Net Days:	20:
Disc Amount:	43.44:	Net Due Date:	02/12/2019:
Disc Days Due:	20:	Deferred Due Date:	.....
Disc Due Date:	.....	Deferred Amt Due:	.....
Transport Type:	Motor:		
Ship To DUNS + 4: 0003947268780	Agency Qualifier:		
Bill of Lading #:	08117990209364018:		
Code:	Method of Handling:		
Allowance:	Description: .....		
Charge:	.....		
Total Inv Amt:	965.25:	No of ln Items:	1:

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	Pack Size	UOM	Size	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	13	Case	74.25	Buyer Item No (KSN)	001311938	14 digit GTIN No	00841708148331	PR	RO	C DEST DENIM JEGGING 9PC	9	9	Each						\$965.250	

Date:01/22/2019

# BILL OF LADING

Page 1

SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS  
Address: 14700 Nelson Ave  
City/State/Zip: City of Industry CA 91744

SID#:

FOB:

SHIP TO

Name: Western Regional Specialty DC Location #: \_\_\_\_\_  
Address: 3100 MILLIKEN AVE  
City/State/Zip: MIRA LOMA , CA 91752

CID#:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:

City/State/Zip:

**SPECIAL INSTRUCTIONS:**

Load# 19012200480

**CARRIER NAME:** Dart  
Trailer number: K53803  
Seal number(s): 9215161

**SCAC:**

**Pro number:**

## BAR CODE SPACE

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)

Prepaid  Collect \_\_\_\_\_ 3rd Party \_\_\_\_\_

(check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SKID (CIRCLE ONE)		
08780043353		324	5			Bol#08117990209366708
08780043352		990	14			Bol#08117990209381633
08780043339		20	1			Bol#08117990209364537
08780043333		13	1			Bol#08117990209364018
08780043344		42	1	Y N		Bol#08117990209366289
<b>GRAND TOTAL</b>		<b>1388</b>	<b>22</b>			

CARRIER INFORMATION

COMMODITY DESCRIPTION

LTL ONLY

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 369	NMFC #	CLASS
QTY	TYPE	QTY	TYPE				
22	PLt	1388	ctns	18000			

**GRAND TOTAL**

COD Amount: \$

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

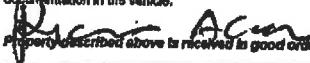
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.

01-23-19

Kmart (810) Invoice

Date:01/22/2019		<b>BILL OF LADING</b>			Page <u>1</u>	
<b>SHIP FROM</b> <b>Name:</b> Bluestar Fashion / UNION LOGISTICS <b>Address:</b> 14700 Nelson Ave <b>City/State/Zip:</b> City of Industry CA 91744					<b>Load#</b> 19012200480	
<b>SID#:</b> <b>FOB:</b> <input type="checkbox"/>						
<b>SHIP TO</b> <b>Name:</b> Western Regional Specialty DC <b>Address:</b> 3100 MILLIKEN AVE <b>City/State/Zip:</b> MIRA LOMA , CA 91752		<b>Location #:</b> _____			<b>CARRIER NAME:</b> Dart <b>Trailer number:</b> K53803 <b>Seal number(s):</b> 9215161 <b>SCAC:</b>	
<b>CID#:</b> <b>FOB:</b> <input type="checkbox"/>					<b>Pro number:</b>	
THIRD PARTY FREIGHT CHARGES BILL TO:						
<b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b>						
<b>SPECIAL INSTRUCTIONS:</b>						
<b>CUSTOMER ORDER INFORMATION</b>						
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>#Pallet</b>	<b>PALLET/SKID (CIRCLE ONE)</b>	<b>ADDITIONAL SHIPPER INFO</b>	
08780043353		324	5		BoL#08117990209366708	
08780043352		990	14		BoL#08117990209381633	
08780043339		20	1		BoL#08117990209364537	
08780043333		13	1		BoL#08117990209364018	
08780043344		42	1	Y N	BoL#08117990209366289	
<b>GRAND TOTAL</b>		1388	22			
<b>CARRIER INFORMATION</b>						
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>NMFC #</b>
22	PLt	1388	ctns	18000		CLASS
<b>GRAND TOTAL</b>						
<i>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:            "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per</i>						<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14708(c)(1)(A) and (B).</b> <small>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small> <small>Shipper</small> <small>Signature</small>
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>			<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain: <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <small>Property described above is received in good order, except as noted.</small>	

01-23-19

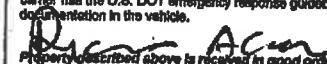
Kmart (810) Invoice

Header and Summary									
Invoice Date:	01/23/2019	Invoice No.:	3430:	Contact Name:	JOHN DEBRITTO:	Invoice Type:		First Cost Invoice:	
PO No.:	08780043352:							PRODUCTION.BLUESTAR@GMAIL.COM:	
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.									
Terms Type:	Discount Not Applicable:	Terms Date:		Method of Pay:		Previously agreed upon:			
Disc Percent:	4.5%:	Net Days:	20:	Loc Qualifier:		Collect:			
Disc Amount:	4725.33:	Net Due Date:	02/12/2019:	Loc Descript:		City and State:			
Disc Days Due:	20:	Deferred Due Date:	.....	.....		CITY OF INDUSTRY:			
Disc Due Date:	.....	Deferred Amt Due:	.....	.....		Remit To DUNS:	00079173201		
Transport Type:	Motor:	Agency Qualifier:		VICS:					
Ship To DUNS + 4:	0003947268780								
Bill of Lading #:		Amount:		Description:		Required and must match BOL # from the ASN - except for Small Packages Shipments.:			
Code:		.....	.....	.....					
Allowance:		.....	.....	.....					
Charge:		.....	.....	.....					
Total Inv Amt:	105007.32:	No of Ln Items:	16:	Ship Qty / UOM:	11880: Each				

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Product Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	540	Each	8.839	Buyer Item No (KSN)	008241413	14 digit GTIN No	0841708120986	UPC Code	841708120986	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					4773.06
2	516	Each	8.839	Buyer Item No (KSN)	008262427	14 digit GTIN No	0841708120993	UPC Code	841708120993	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					4560.92
3	600	Each	8.839	Buyer Item No (KSN)	008314565	14 digit GTIN No	0841708121006	UPC Code	841708121006	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					5303.40
4	1020	Each	8.839	Buyer Item No (KSN)	008314566	14 digit GTIN No	0841708121013	UPC Code	841708121013	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					9015.78
5	1092	Each	8.839	Buyer Item No (KSN)	008592911	14 digit GTIN No	0841708121020	UPC Code	841708121020	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					9652.18
6	1056	Each	8.839	Buyer Item No (KSN)	008702124	14 digit GTIN No	0841708121037	UPC Code	841708121037	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					9333.94
7	996	Each	8.839	Buyer Item No (KSN)	008702125	14 digit GTIN No	0841708121044	UPC Code	841708121044	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					8803.64
8	492	Each	8.839	Buyer Item No (KSN)	008702135	14 digit GTIN No	0841708121051	UPC Code	841708121051	Vendor Item No	S6355	PULL ON LE DARK WASH	12	1	Each					1348.78
9	432	Each	8.839	Buyer Item No (KSN)	009227464	14 digit GTIN No	0841708121075	UPC Code	841708121075	Vendor Item No	S6355	PULL ON LE BLACK RINSE	12	1	Each					3818.44



Date:01/22/2019	<b>BILL OF LADING</b>				Page <u>1</u>																																																												
<b>SHIP FROM</b> <b>Name:</b> Bluestar Fashion / UNION LOGISTICS <b>Address:</b> 14700 Nelson Ave <b>City/State/Zip:</b> City of Industry CA 91744 <b>SID#:</b> <b>FOB:</b> <input type="checkbox"/>					<b>Load#</b> 19012200480  <b>CARRIER NAME:</b> Dart <b>Trailer number:</b> E53803 <b>Seal number(s):</b> 9215161 <b>SCAC:</b> <b>Pro number:</b>																																																												
<b>SHIP TO</b> <b>Name:</b> Western Regional Specialty DC <b>Location #:</b> _____ <b>Address:</b> 3100 MILLIKEN AVE <b>City/State/Zip:</b> MIRA LOMA , CA 91752 <b>CID#:</b> <b>FOB:</b> <input type="checkbox"/>					<b>BAR CODE SPACE</b>																																																												
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> <b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b> <b>SPECIAL INSTRUCTIONS:</b>					<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) <b>Prepaid</b> <input checked="" type="checkbox"/> <b>Collect</b> <input type="checkbox"/> <b>3rd Party</b> <input type="checkbox"/>  <input type="checkbox"/> (check box) <b>Master Bill of Lading; with attached underlying Bills of Lading</b>																																																												
<b>CUSTOMER ORDER INFORMATION</b>					<b>ADDITIONAL SHIPPER INFO</b>																																																												
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>#Pallet</b>	<b>PALLET/SKID (CIRCLE ONE)</b>	<b>ADDITIONAL SHIPPER INFO</b>																																																												
08780043353		324	5		Bolt#08117990209366708																																																												
08780043352		990	14		Bolt#08117990209381633																																																												
08780043339		20	1		Bolt#08117990209364537																																																												
08780043333		13	1		Bolt#08117990209364018																																																												
08780043344		42	1	Y N	Bolt#08117990209366289																																																												
<b>GRAND TOTAL</b>		1388	22																																																														
<b>CARRIER INFORMATION</b>																																																																	
<table border="1"> <thead> <tr> <th colspan="4"><b>HANDLING UNIT</b></th> <th colspan="2"><b>PACKAGE</b></th> <th rowspan="2"><b>WEIGHT</b></th> <th rowspan="2"><b>H.M. (X)</b></th> <th rowspan="2"><b>COMMODITY DESCRIPTION</b></th> <th colspan="2"><b>LTL ONLY</b></th> </tr> <tr> <th><b>QTY</b></th> <th><b>TYPE</b></th> <th><b>QTY</b></th> <th><b>TYPE</b></th> <th colspan="2"></th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>22</td> <td>PLt</td> <td>1388</td> <td>ctns</td> <td>18000</td> <td></td> <td></td> <td></td> <td>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(q) of NMFC Item 309</td> <td>NMFC #</td> <td>CLASS</td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> <tr> <td></td> </tr> </tbody> </table>						<b>HANDLING UNIT</b>				<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b>	<b>LTL ONLY</b>		<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>					22	PLt	1388	ctns	18000				Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(q) of NMFC Item 309	NMFC #	CLASS																														
<b>HANDLING UNIT</b>				<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b>	<b>LTL ONLY</b>																																																								
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>																																																														
22	PLt	1388	ctns	18000				Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(q) of NMFC Item 309	NMFC #	CLASS																																																							
<b>GRAND TOTAL</b> Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per						<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>																																																											
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b> RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <b>Shipper</b> Signature																																																											
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.																																																										

01-23-19

Kmart (810) Invoice

Header and Summary																				
Invoice Date:	01/25/2019:	Invoice No.:	3442:	Invoice Type:		Contact Email:		First Cost Invoice:												
PO No. :	08780043337:	Contact Name:	JOHN DEBRITTO:	PRODUCTION.BLUESTAR@GMAIL.COM:																
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:																				
Terms Type:		Discount Not Applicable:		Term Date:		Method of Pay:		Previously agreed upon:												
Disc Percent:	4.5:	Net Days:	20:			Loc Qualifier:		Collect:												
Disc Amount:	146.72:	Net Due Date:	02/14/2019:			Loc Descript:		City and State:												
Disc Days Due:	20:	Deferred Due Date:	.....			.....		CITY OF INDUSTRY:												
Disc Due Date:	.....	Deferred Amt Due:	.....			.....		Remit To DUNS: 00079173201												
Transport Type:		Motor:		Agency Qualifier:		VICS:														
Ship To DUNS + 4:	0003947268780																			
Bill of Lading #:																				
Code:		Amount:		Method of Handling:		Description:		Required and must match BOL # from the ASN - except for Small Packages Shipments:												
Allowance:	.....	.....	.....	.....	.....	.....	.....													
Charge:	.....	.....	.....	.....	.....	.....	.....													
Total Inv Amt:	3260.4:	No of Ln Items:	1:	Ship Qty / UOM:	26: Case															
Line Item Details																				
ID	*Qty Invoiced	*Unit Type	*Product Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	26	Case	125.4	Buyer Item No (RSN)	007146856	14 digit GTIN No	0841708148010	PR	RO			DESTRUCTED SKN JEAN 12 PC WHITE	12	12	Each				1260.400	

Date:01/25/2019

**BILL OF LADING**Page 1

## SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Load# 19012400520

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB: 

## SHIP TO

Name: Kmart/Sears

Location #: \_\_\_\_\_

Address: 1475 Nitterhouse dR

City/State/Zip: Chambersburg, PA 17201

CID#:

FOB: 

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

## SPECIAL INSTRUCTIONS:

CARRIER NAME: Dart

Trailer number: 53904

Seal number(s): 9215162

SCAC:

Pro number:

**BAR CODE SPACE**

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect \_\_\_\_\_ 3rd Party \_\_\_\_\_ Master Bill of Lading: with attached  
(check box) underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043337	26			Bol#08117990209393209
08780043342	59			Bol#08117990209392202
08780043338	35			Bol#08117990209395449
08780043343	68			Bol#08117990209394411
08780043340	72			Bol#08117990209400716
08781018065	24			Bol#08117990209403052
08781018068	24			Bol#08117990209402376
08781018071	148			Bol#08117990209407548
08781018070	37			Bol#08117990209401430
781017955	292			Bol#08117990209414485
<b>GRAND TOTAL</b>	<b>785</b>	<b>16</b>		

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 396	LTL ONLY
QTY	TYPE	QTY	TYPE	NMFC #	CLASS	
16	PLt	785	ctns	15360		

**GRAND TOTAL**

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

\*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$

Fee Terms: Collect:  Prepaid:   
Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

- By Shipper  
 By Driver

## Freight Counted:

- By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

1/25/19 *[Signature]*  
Property described above is received in good order, except as noted.  
Shippers concur/c2 H750

Kmart (810) Invoice

Header and Summary							
Invoice Date:	01/25/2019:	Invoice No.:	3443:	Invoice Type:		First Cost Invoice:	
PO No.:	08780043342:	Contact Name:	JOHN DEBRITTO:	Contact Email:		PRODUCTION.BLUESTAR@GMAIL.COM.	
<b>For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:</b>							
Terms Type:		Discount Not Applicable:		Terms Date:		Previously agreed upon:	
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:		Collect:	
Disc Amount:	249.7:	Net Due Date:	02/14/2019:	Loc Qualifier:		City and State:	
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descrip:		CITY OF INDUSTRY:	
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:		Remit To DUNS: 00079173201	
Transport Type:		Motor:		VICS:			
Ship To DUNS + 4: 0003947268780							
Bill of Lading #:		Amount:		Method of Handling:		Required and must match BOL # from the ASN - except for Small Packages Shipments.	
Code:	.....	.....	.....	.....	.....	Description:	
Allowance:	.....	.....	.....	.....	.....	.....	
Charge:	.....	.....	.....	.....	.....	.....	
Total Inv Amt:	5548.95:	No of Ln Items:	1:	Ship Qty / UOM:	59: Case		

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Product Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack SKN	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	59	Case	94.05	Buyer Item No (KSN)	006980027	14 digit GTIN No	0984170814803	PR	RO			DESTRUCTED JEAN 9PC ASS WHITE	SKN	9	9	Each				5548.950

Date:01/25/2019		<b>BILL OF LADING</b>				Page <u>1</u>		
<b>SHIP FROM</b> <b>Name:</b> Bluestar Fashion / UNION LOGISTICS  <b>Address:</b> 14700 Nelson Ave <b>City/State/Zip:</b> City of Industry CA 91744				<b>Load#</b> 19012400520				
<b>SID#:</b>		<b>FOB:</b> <input type="checkbox"/>						
<b>SHIP TO</b> <b>Name:</b> Kmart/Sears <b>Location #:</b> _____ <b>Address:</b> 1475 Nitterhouse dR <b>City/State/Zip:</b> Chambersburg, PA 17201				<b>CARRIER NAME:</b> Dart <b>Trailer number:</b> 53904 <b>Seal number(s):</b> 9215162 <b>SCAC:</b> <b>Pro number:</b>				
<b>CID#:</b> <b>FOB:</b> <input type="checkbox"/> <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> <b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b>				<b>BAR CODE SPACE</b>				
<b>SPECIAL INSTRUCTIONS:</b>				<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) <b>Prepaid</b> <input checked="" type="checkbox"/> <b>Collect</b> <input type="checkbox"/> <b>3rd Party</b> <input type="checkbox"/>				
				<input type="checkbox"/> <b>Master Bill of Lading: with attached underlying Bills of Lading</b> <small>(check box)</small>				
<b>CUSTOMER ORDER INFORMATION</b>								
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>#Pallet</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
08780043337		✓ 26	1			Bo#08117990209393209		
08780043342		✓ 59	1			Bo#08117990209392202		
08780043338		✓ 35	1			Bo#08117990209395449		
08780043343		✓ 68	1			Bo#08117990209394411		
08780043340		✓ 72	1			Bo#08117990209400716		
08781018065		✓ 24	1			Bo#08117990209403052		
08781018068		✓ 24	1			Bo#08117990209402376		
08781018071		✓ 148	2			Bo#08117990209407548		
08781018070		✓ 37	1			Bo#08117990209401430		
08781017955		✓ 292	16			Bo#08117990209414485		
<b>GRAND TOTAL</b>		<b>785</b>	<b>16</b>					
<b>CARRIER INFORMATION</b>								
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>COMMODITY DESCRIPTION</b>			<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>WEIGHT</b>	<b>H.M. (X)</b>	<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 308</small>		
16	PLt	785	ctns	15360				
<b>GRAND TOTAL</b>								
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						<b>COD Amount:</b> \$ _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. □ 14706(c)(1)(A) and (B).</b> RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <small>Shipper</small> <small>Signature</small>		
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>			<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver			<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
						<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <small>Dart 1-25-19 SLL</small> <small>Property described above is received in good order, except as noted.</small> <small>Bluestar Fashion / UNION LOGISTICS #9309</small>		

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/25/2019	Invoice No.:	3444:	Invoice Type:	First Cost Invoice.
PO No.:	08780043338:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM.
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	4.5:	Net Days:	20:	Discount Not Applicable:	Previously agreed upon:
Disc Percent:	41.86:	Net Due Date:	02/13/2019:	Method of Pay:	Collect:
Disc Amount:	141.86:	Deferred Due Date:	.....	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Amt Due:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Motor:	.....	Agency Qualifier:	Remit To DUNS: 00079173201
Transport Type:	Ship To DUNS + 4: 0003947268780			VICS:	
Bill of Lading #:				08117990209395449:	Required and must match BOL # from the ASN - except for Small Packages Shipments..
Code:				Method of Handling:	Description:
Allowance:	.....	.....	.....	.....	.....
Charge:	.....	.....	.....	.....	.....
Total Inv Amt:	3152.4:	No of Ln Items:	2:	Ship Qty / UOM:	35: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Product Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Allow Monetary Amount
1	16	Case	95.85	Buyer Item No (KSN)	006209249	14 digit GTIN No	00841708147785	PR	RO			BUTTON FRONT PINAFORE 8PC AST BLACK	9	9	Each					1533.600
2	19	Case	85.2	Buyer Item No (KSN)	006944339	14 digit GTIN No	00841708147792	PR	RO			BUTTON FRONT PINAFORE 8PCS AST BLACK	8	8	Each					1618.800

Date:01/25/2019

# BILL OF LADING

Page 1

SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Load# 19012400520

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB:

SHIP TO

Name: Kmart/Sears

Location #: \_\_\_\_\_

Address: 1475 Nitterhouse dR

City/State/Zip: Chambersburg, PA 17201

CID#:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

CARRIER NAME: Dart

Trailer number: 53904

Seal number(s): 9215162

SCAC:

Pro number:

## BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect \_\_\_\_\_ 3rd Party \_\_\_\_\_

Master Bill of Lading with attached  
(check box) underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043337	26	1		Bolt#08117990209393209
08780043342	59	1		Bolt#08117990209392202
08780043338	35	1		Bolt#08117990209395449
08780043343	68	1		Bolt#08117990209394411
08780043340	72	1		Bolt#08117990209400716
08781018065	24	1		Bolt#08117990209403052
08781018068	24	1		Bolt#08117990209402376
08781018071	148	2		Bolt#08117990209407548
08781018070	37	1		Bolt#08117990209401430
08781017955	292	6		Bolt#08117990209414485
<b>GRAND TOTAL</b>	<b>785</b>	<b>16</b>		

## CARRIER INFORMATION

### COMMODITY DESCRIPTION

LTL ONLY

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 300	NMFC #	CLASS
QTY	TYPE	QTY	TYPE				
16	Plt	785	ctns	15360			

## GRAND TOTAL

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
	Shipper Signature _____

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

- By Shipper
- By Driver
- By Driver/pallets said to contain
- By Driver/Pieces

## CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

1/25/19 1-25-19 SLC  
Tuber concur H-939

Kmart (810) Invoice

Header and Summary																					
Invoice Date:	01/25/2019;	Invoice No.:	3445;	Invoice Type:	First Cost Invoice.																
PO No.:	08780043343;	Contact Name:	JOHN DEBRITTO;	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM;																
For JTI PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JTI PO No..																					
Terms Type:		Discount Not Applicable:	Terms Date:	Previously agreed upon:																	
Disc Percent:	4.5;	Net Days:	20;	Method of Pay:	Collect:																
Disc Amount:	228.12;	Net Due Date:	02/14/2019;	Loc Qualifier:	City and State:																
Disc Days Due:	20;	Deferred Due Date:	.....	Loc Descrip:	CITY OF INDUSTRY.																
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:	Remit To DUNS: 00079173201																
Transport Type:		Motor:	.....	VICS:																	
Ship To DUNS + 4: 0003947268780																					
Bill of Lading #:																					
Code:		Amount:	0811799020939411;	Required and must match BOL # from the ASN - except for Small Packages Shipments.																	
Allowance:	.....	Method of Handling:	Description:	.....																	
Charge:	.....	.....	.....	.....																	
Total Inv Amt:	5069.4;	No of Ln Items:	1;	Ship Qty / UOM:	68: Case																
Line Item Details																					
ID	*Qty Invoiced	*Unit Type	*Product Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	Product Type 4	*Item Description	Packsize	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	68	Case	74.55	Buyer Item No (KSN)	006199239	14 digit GTIN No	0841708147778	PR	RO					BUTTON FRONT PINA FOR 7PC AST BLACK	7	7	Each				5069.40

Date:01/25/2019

# BILL OF LADING

Page 1

SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Load# 19012400520

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB:

SHIP TO

Name: Kmart/Sears

Location #: \_\_\_\_\_

Address: 1475 Nitterhouse dR

City/State/Zip: Chambersburg, PA 17201

CID#:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

CARRIER NAME: Dart

Trailer number: 53904

Seal number(s): 9215162

SCAC:

Pro number:

## BAR CODE SPACE

**Freight Charge Terms: (freight charges are prepaid unless marked otherwise)**

Prepaid  Collect  3rd Party

Master Bill of Lading: with attached  
(check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SKID (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043337	26	1		Bolt#08117990209393209
08780043342	59	1		Bolt#08117990209392202
08780043338	35	1		Bolt#08117990209395449
08780043343	68	1		Bolt#08117990209394411
08780043340	72	1		Bolt#08117990209400716
08781018065	24	1		Bolt#08117990209403052
08781018068	24	1		Bolt#08117990209402376
08781018071	148	2		Bolt#08117990209407548
08781018070	37	1		Bolt#08117990209401430
08781017955	292	6		Bolt#08117990209414485
<b>GRAND TOTAL</b>	<b>785</b>	<b>16</b>		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 308	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Plt	785	ctns	15360				

**GRAND TOTAL**

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

- By Shipper
- By Driver
- By Driver/pallets said to contain
- By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Dart 1-25-19 SLL  
Tolson Sonnyc 7-959

Kmart (810) Invoice

Header and Summary									
Invoice Date:	01/25/2019:	Invoice No.:	3446:	Invoice Type:		Contact Email:		First Cost Invoice:	
PO No.:	08780043340:	Contact Name:	JOHN DEBRITTO:	Method of Pay:				PRODUCTION.BLUESTAR@GMAIL.COM:	
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:									
Terms Type:		Discount Not Applicable:	Previously agreed upon:						
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:					
Disc Amount:	293.99:	Net Due Date:	02/14/2019:	Loc Qualifier:					
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:					
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:					
Transport Type:		Motor:							
Ship To DUNS + 4:	0003947268780								
Bill of Lading #:		Amount:		Required and must match BOL # from the ASN - except for Small Packages Shipments.:					
Code:		.....		Method of Handling:					
Allowance:	.....	.....		Description:					
Charge:	.....	.....		.....					
Total Inv Amt:	6533.15:	No of Ln Items:	3:	Ship Qty / UOM:	72:	Case			

Line Item Details											
ID	*Qty	*Unit	*Product Type 1	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product Type 4	Product ID 4	*Item Description
ID	Invoiced	Type	Price	Buyer Item No (KSN)	007614477	14 digit GTIN No	00841708148393	PR	RO		CROPPED DENIM JACKET/7PC ASSTD/FRAY HEM
1	34	Case	86.45	Buyer Item No (KSN)	007614477	14 digit GTIN No	00841708148393	PR	RO		CROPPED DENIM JACKET/7PC ASSTD/FRAY HEM
2	17	Case	74.1	Buyer Item No (KSN)	007614505	14 digit GTIN No	00841708148409	PR	RO		CROPPED DENIM JACKET/PCS ASSTD/FRAY HEM
3	21	Case	111.15	Buyer Item No (KSN)	007621922	14 digit GTIN No	00841708148416	PR	RO		CROPPED DENIM JACKET/PCS ASSTD/FRAY HEM

Date:01/25/2019

# BILL OF LADING

Page 1

SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Load# 19012400520

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB:

SHIP TO

Name: Kmart/Sears

Location #: \_\_\_\_\_

Address: 1475 Nitterhouse dR

City/State/Zip: Chambersburg, PA 17201

CID#:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

CARRIER NAME: Dart

Trailer number: 53904

Seal number(s): 9215162

SCAC:

Pro number:

## BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect \_\_\_\_\_ 3rd Party \_\_\_\_\_

Master Bill of Lading: with attached  
(check box) underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043337	26	1		Bolt#08117990209393209
08780043342	59	1		Bolt#08117990209392202
08780043338	35	1		Bolt#08117990209395449
08780043343	68	1		Bolt#08117990209394411
08780043340	72	1		Bolt#08117990209400716
08781018065	24	1		Bolt#08117990209403052
08781018068	24	1		Bolt#08117990209402376
08781018071	148	2		Bolt#08117990209407548
08781018070	37	1		Bolt#08117990209401430
08781017955	292	6		Bolt#08117990209414485
<b>GRAND TOTAL</b>	<b>785</b>	<b>16</b>		

CARRIER INFORMATION

COMMODITY DESCRIPTION

LTL ONLY

HANDLING UNIT	PACKAGE			WEIGHT	H.M. (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 396	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
16	PLt	785	ctns	15360				

**GRAND TOTAL**

COD Amount: \$ \_\_\_\_\_

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded: Freight Counted:

- By Shipper
- By Driver
- By Driver/pallets sold to contain
- By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

10/4 1-25-19 SLC  
Property described above is received in good order, except as noted.  
Huber Connors HFS

Kmart (810) Invoice

Header and Summary		Invoice Date: 01/28/2019; PO No : 08780443868;		Invoice No: 3453; Contact Name: JOHN DEBRITTO:		Invoice Type: First Cost Invoice; Contact Email: PRODUCTION.BLUESTAR@GMAIL.COM;														
<b>For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.</b>																				
Terms Type:		Discount Not Applicable:	Terms Date:	Previously agreed upon:																
Disc Percent:	4.5:	Net Days:	Method of Pay:	Collect:																
Disc Amount:	189.78:	Net Due Date:	Loc Qualifier:	City and State:																
Disc Days Due:	20:	Deferred Due Date:	Loc Descript:	CITY OF INDUSTRY:																
Disc Due Date:	.....	Deferred Amt Due:	.....	Remit To DUNS: 00079173201																
Transport Type:	Motor:	Agency Qualifier:	VICIS:																	
<b>Ship To DUNS + 4: 0003947268780</b>		08117990209403298:	Required and must match BOL# from the ASN - except for Small Packages Shipments:																	
Bill of Lading #:		Method of Handling:	Description:	.....																
Code:	.....	.....	.....	.....																
Allowance:	.....	.....	.....	.....																
Charge:	.....	.....	.....	.....																
Total Inv Amt:	4217.4:	No of Ln Items:	1:	Ship Qty / UOM:	44: Case															
<b>Line Item Details</b>																				
ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	44	Case	95.85	Buyer Item No (KSN)	002573880	14 digit GTIN No	10841708148591	PR	RO			PINAFIRE 9PCS BTN FRNT	9	9	Each					4217.40

Date:01/28/2019

# **BILL OF LADING**

Page 1

Kmart (810) Invoice

Read Only Form

Header and Summary		Invoice No.: 3454:		Invoice Type: JOHN DEBRITTO:		First Cost Invoice: PRODUCTION.BLUESTAR@GMAIL.COM:	
Invoice Date: 01/29/2019:	Contact Name: JOHN DEBRITTO:	Net Days: 20:	Discount Not Applicable:	Term Date: 02/18/2019:	Method of Pay: Loc Qualifier:	Method of Pay: Loc Descrip:	Previously agreed upon: Collect: City and State: CITY OF INDUSTRY: Remit To DUNS: 00079173201
PO No : 08780043758:		Net Due Date: Deferred Due Date: Deferred Amt Due: Motor:					VICS:
<b>For JTI PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JTI PO No.:</b>							
Terms Type: Disc Percent: 4.5%:	Disc Amount: 951.35:	Bill of Lading #: Code: Allowance: Charge: Total Inv Amt: 21141:	Amount: ..... No of Ln Items: 21:	Ship Qty / UOM: 1908: Each	Method of Handling: ..... Description: ..... ....	Method of Handling: ..... Description: ..... ....	Required and must match BOL # from the ASN - except for Small Packages Shipments:
Transport Type: Ship To DUNS + 4: 0003947268780							

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Description	Method of Handling	Allow Description	Monetary Amount
1	60	Each	10.5 Buyer (KSN)	006101602 GTIN No	14 digit	00841708146719	12 digit	841708146719	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY BLACKBLACK	12	1	Each					630.000	
2	96	Each	10.5 Buyer (KSN)	006106464 GTIN No	14 digit	00841708146726	12 digit	841708146726	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY BLACKBLACK	12	1	Each					1008.000	
3	96	Each	10.5 Buyer (KSN)	006106475 GTIN No	14 digit	00841708146740	12 digit	841708146740	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY BLACKBLACK	12	1	Each					1008.000	
4	48	Each	10.5 Buyer (KSN)	006106495 GTIN No	14 digit	00841708146764	12 digit	841708146764	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY BLACKBLACK	12	1	Each					504.000	
5	108	Each	10.5 Buyer (KSN)	006106628 GTIN No	14 digit	00841708146771	12 digit	841708146771	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY BLACKBLACK	12	1	Each					1134.000	
6	24	Each	10.5 Buyer (KSN)	006106710 GTIN No	14 digit	00841708146788	12 digit	841708146788	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY BLACKBLACK	12	1	Each					252.000	
7	180	Each	11.25 Buyer (KSN)	006127501 GTIN No	14 digit	00841708146795	12 digit	841708146795	Vendor Item No F13D001SK	MS8	ALDENIM SKINNY INDIGINDIGO	12	1	Each					1025.000	
8	120	Each	11.25 Buyer (KSN)	006128101 GTIN No	14 digit	00841708146801	12 digit	841708146801	Vendor Item No M104T	M104T	ALDENIM SKINNY INDIGINDIGO	12	1	Each					1350.000	
9	132	Each	11.25 Buyer (KSN)	006128110 GTIN No	14 digit	00841708146818	12 digit	841708146818	Vendor Item No M104T	M104T	ALDENIM SKINNY INDIGINDIGO	12	1	Each					1485.000	

10	132	Each	11.25	Buyer Item No (KSN)	006128111	14 digit GTIN No	00841708146825	12 digit UPC	841708146825	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12 1 Each	1485.000
11	108	Each	11.25	Buyer Item No (KSN)	006128112	14 digit GTIN No	00841708146832	12 digit UPC	841708146832	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12 1 Each	1215.000
12	60	Each	11.25	Buyer Item No (KSN)	006128121	14 digit GTIN No	00841708146849	12 digit UPC	841708146849	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12 1 Each	675.000
13	48	Each	11.25	Buyer Item No (KSN)	006128123	14 digit GTIN No	00841708146856	12 digit UPC	841708146856	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12 1 Each	540.000
14	168	Each	11.25	Buyer Item No (KSN)	006154249	14 digit GTIN No	00841708146870	12 digit UPC	841708146870	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	1890.000
15	120	Each	11.25	Buyer Item No (KSN)	006157917	14 digit GTIN No	00841708146887	12 digit UPC	841708146887	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	1350.000
16	60	Each	11.25	Buyer Item No (KSN)	006157919	14 digit GTIN No	00841708146894	12 digit UPC	841708146894	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	675.000
17	72	Each	11.25	Buyer Item No (KSN)	006157923	14 digit GTIN No	00841708146900	12 digit UPC	841708146900	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	810.000
18	60	Each	11.25	Buyer Item No (KSN)	006157929	14 digit GTIN No	00841708146917	12 digit UPC	841708146917	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	675.000
19	96	Each	11.25	Buyer Item No (KSN)	006157930	14 digit GTIN No	00841708146924	12 digit UPC	841708146924	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	1080.000
20	48	Each	11.25	Buyer Item No (KSN)	006157931	14 digit GTIN No	00841708146931	12 digit UPC	841708146931	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	540.000
21	72	Each	11.25	Buyer Item No (KSN)	006157948	14 digit GTIN No	00841708146948	12 digit UPC	841708146948	Vendor Item No	MS8150AL	ALDENIM SKINNY DK GRDARK GREY	12 1 Each	810.000

Date: 01/29/2019

# BILL OF LADING

Page 1

SHIP FROM <b>Name:</b> Bluestar Fashion / UNION LOGISTICS		Load# 19012800566																																																																																																																														
<b>Address:</b> 14700 Nelson Ave <b>City/State/Zip:</b> City of Industry CA 91744																																																																																																																																
<b>SID#:</b>	FOB: <input type="checkbox"/>																																																																																																																															
SHIP TO <b>Name:</b> Western Regional Specialty DC <b>Address:</b> 3100 MILLIKEN AVE <b>City/State/Zip:</b> MIRA LOMA , CA 91752		<b>Location #:</b> _____																																																																																																																														
<b>CID#:</b>	FOB: <input type="checkbox"/>																																																																																																																															
THIRD PARTY FREIGHT CHARGES BILL TO: <b>Name:</b> <b>Address:</b> <b>City/State/Zip:</b>																																																																																																																																
<b>SPECIAL INSTRUCTIONS:</b>																																																																																																																																
<p><b>CARRIER NAME:</b> Dart  <b>Trailer number:</b> 53841  <b>Seal number(s):</b> 9215171</p> <p><b>SCAC:</b></p> <p><b>Pro number:</b></p> <p style="text-align: center;"><b>BAR CODE SPACE</b></p> <p><b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)  Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____</p> <p><input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading</p>																																																																																																																																
<p align="center"><b>CUSTOMER ORDER INFORMATION</b></p> <table border="1"> <thead> <tr> <th colspan="2"><b>CUSTOMER ORDER NUMBER</b></th> <th><b># PKGS</b></th> <th><b>#Pallet</b></th> <th><b>PALLET/SLIP (CIRCLE ONE)</b></th> <th colspan="2"><b>ADDITIONAL SHIPPER INFO</b></th> </tr> </thead> <tbody> <tr> <td colspan="2">08780043758</td> <td>159</td> <td>4</td> <td></td> <td colspan="2">BoI#08117990209417400</td> </tr> <tr><td colspan="2"></td><td></td><td></td><td></td><td colspan="2"></td></tr> <tr> <td colspan="2"><b>GRAND TOTAL</b></td> <td>159</td> <td>4</td> <td></td> <td colspan="2"></td> </tr> </tbody> </table> <p align="center"><b>CARRIER INFORMATION</b></p> <table border="1"> <thead> <tr> <th colspan="2"><b>HANDLING UNIT</b></th> <th colspan="2"><b>PACKAGE</b></th> <th rowspan="2"><b>WEIGHT</b></th> <th rowspan="2"><b>H.M. (X)</b></th> <th rowspan="2"><b>COMMODITY DESCRIPTION</b></th> <th colspan="2"><b>LTL ONLY</b></th> </tr> <tr> <th><b>QTY</b></th> <th><b>TYPE</b></th> <th><b>QTY</b></th> <th><b>TYPE</b></th> <th colspan="2"></th> <th><b>NMFC #</b></th> <th><b>CLASS</b></th> </tr> </thead> <tbody> <tr> <td>PLt</td> <td>159</td> <td>ctns</td> <td>2750</td> <td></td> <td></td> <td>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p align="center"><b>GRAND TOTAL</b></p> <p>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.</p> <p align="right">COD Amount: \$ _____</p> <p align="right">Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>  Customer check acceptable: <input type="checkbox"/></p> <p><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b></p> <p>RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p align="right">Shipper Signature</p> <p><b>SHIPPER SIGNATURE / DATE</b>  This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</p> <p><b>Trailer Loaded:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> By Shipper</li> <li><input type="checkbox"/> By Driver</li> </ul> <p><b>Freight Counted:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> By Shipper</li> <li><input type="checkbox"/> By Driver/pallets said to contain</li> <li><input type="checkbox"/> By Driver/Pieces</li> </ul> <p><b>CARRIER SIGNATURE / PICKUP DATE</b>  Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p>Property described above is received in good order, except as noted.</p>				<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>#Pallet</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>	<b>ADDITIONAL SHIPPER INFO</b>		08780043758		159	4		BoI#08117990209417400																																												<b>GRAND TOTAL</b>		159	4				<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b>	<b>LTL ONLY</b>		<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>			<b>NMFC #</b>	<b>CLASS</b>	PLt	159	ctns	2750			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360																																						
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>#Pallet</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>	<b>ADDITIONAL SHIPPER INFO</b>																																																																																																																											
08780043758		159	4		BoI#08117990209417400																																																																																																																											
<b>GRAND TOTAL</b>		159	4																																																																																																																													
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b>	<b>LTL ONLY</b>																																																																																																																									
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>						<b>NMFC #</b>	<b>CLASS</b>																																																																																																																						
PLt	159	ctns	2750			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360																																																																																																																										

*Manuel Ormeo*  
01/29/19

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/31/2019	Invoice No.:	3461:	Invoice Type:	First Cost Invoice:
PO No.:	08780043871:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No..					
Terms Type:		Discount Not Applicable:	Terms Date:	Previously agreed upon:	
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	220.08:	Net Due Date:	02/20/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:	Remit To DUNS: 00079173201
Transport Type:	Motor:	VICIS:			
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:		Amount:	08117990209402611:	Required and must match BOL # from the ASN - except for Small Packages Shipments..	
Code:		Method of Handling:		Description:	
Allowance:	.....	.....	.....	.....	
Charge:	.....	.....	.....	.....	
Total Inv Amt:	4890.6:	No of Ln Items:	1:	Ship Qty / UOM:	44: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	44	Case	111.15	Buyer Item No.(KSN)	002451346	14 digit GTIN No	0841708148652	PR	RO	DENIM JCKT	9	9	Each						4890.600	

Date:01/31/2019

**BILL OF LADING**Page 1

## SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Load# 19012900713

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB: 

## SHIP TO

Name: Western Regional Specialty DC Location #: \_\_\_\_\_

Address: 3100 MILLIKEN AVE

City/State/Zip: MIRA LOMA , CA 91752

CID#:

FOB: 

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

## SPECIAL INSTRUCTIONS:

## CARRIER NAME: Dart

Trailer number: 5354

Seal number(s): 925180

## SCAC:

Pro number:

**BAR CODE SPACE**

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect \_\_\_\_\_ 3rd Party \_\_\_\_\_ Master Bill of Lading: with attached underlying Bills of Lading  
(check box)

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)		
08780043871		44	1		Bol#08117990209402611	
08780043874		186	2		Bol#08117990209409023	
08780043873		57	1		Bol#08117990209401805	
08780043865		145	1		Bol#08117990209406091	

GRAND TOTAL 432 5

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMPC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	PLt	432	ctns	4862				

**GRAND TOTAL**

COD Amount: \$

Fee Terms: Collect:  Prepaid:   
Customer check acceptable: 

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

NOTE Liability Limitation for loss or damage in this shipment may be applicable: See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in their possession.

Property received above is in good order, except as noted.

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

- By Shipper
- By Driver

## Freight Counted:

- By Shipper
- By Driver/pallets said to contain
- By Driver/Pieces

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/31/2019:	Invoice No.:	3463:	Invoice Type:	First Cost Invoice:
PO No.:	08780043874:	Contact Name:	JOHN DEBRITO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:	Terms Date:	Previously agreed upon:	Method of Pay:	Collect:
Disc Percent:	4.5:	Net Days:	20:	Loc Qualifier:	City and State:
Disc Amount:	790.97:	Net Due Date:	02/20/2019:	Loc Descript:	CITY OF INDUSTRY:
Disc Days Due:	20:	Deferred Due Date:	.....	.....	Remit To DUNS: 00079173201
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:	VICS:
Transport Type:	Motor:				
Ship To DUNS + 4: 0003947268780					
Bill of Lading #:					
Code:	Amount:	Method of Handling:	Required and must match BOL # from the ASN - except for Small Packages Shipments.	Description:	
Allowance:	.....	.....		.....	
Charge:	.....	.....		.....	
Total Inv Amt:	17577:	No of Ln Items:	1:	Ship Qty / UOM:	186: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Description	Method of Handling	Allow Description	Monetary Amount
1	186	Case	94.5	Buyer Item No (KSN)	006077023	14 digit GTIN No	00841708150112	PR	RO			SKINNY JEAN 9PC ASST CROCHET	9	9	Each						17577.000

Date:01/31/2019

**BILL OF LADING**Page 1

## SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB: 

## SHIP TO

Name: Western Regional Specialty DC

Location #: \_\_\_\_\_

Address: 3100 MILLIKEN AVE

City/State/Zip: MIRA LOMA , CA 91752

CID#:

FOB: 

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

## SPECIAL INSTRUCTIONS:

Load# 19012900713

CARRIER NAME: Dart

Trailer number: 53514

Seal number(s): 4245180

SCAC:

Pro number:

**BAR CODE SPACE**

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect  3rd Party  Master Bill of Lading: with attached underlying Bills of Lading  
(check box)

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)		
08780043871		44	1		Bol#08117990209402611	
08780043874		186	2		Bol#08117990209409023	
08780043873		57	1		Bol#08117990209401805	
08780043865		145	1		Bol#08117990209406091	

GRAND TOTAL 432 5

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	PLt	432	ctns	4862				

**GRAND TOTAL**

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$

Fee Terms: Collect:  Prepaid:   
Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

- By Shipper
- By Driver

## Freight Counted:

- By Shipper
- By Driver/pallets said to contain
- By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

I-30-19  
Plenty of time will always be taken to get in good order, except as noted.

Kmart (810) Invoice

Header and Summary		Invoice Date: 01/31/2019; PO No.: 08780043873;		Invoice No.: 3464; Contact Name: JOHN DEBRITTO;	Invoice Type: First Cost Invoice; Contact Email: PRODUCTIONBLUESTAR@GMAIL.COM;	First Cost Invoice: PRODUCTIONBLUESTAR@GMAIL.COM;													
<b>For JTT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JTT PO No.:</b>																			
Terms Type:		Discount Not Applicable:	Terms Date:	Previously agreed upon:															
Disc Percent:	4.5;	Net Days:	Method of Pay:	Collect:															
Disc Amount:	241.24;	Net Due Date:	Loc Qualifier:	City and State:															
Disc Days Due:	20;	Deferred Due Date:	Loc Description:	CITY OF INDUSTRY:															
Disc Due Date:	.....	Deferred Amt Due:	.....	Remit To DUNS: 00079173201															
Transport Type:		Motor:	Agency Qualifier:	VICS:															
Ship To DUNS + 4: 0003947268780																			
Bill of Lading #:		081179902089401805;	Required and must match BOL # from the ASN - except for Small Packages Shipments:																
Code:		Amount:	Description:																
Allowance:	.....	.....	.....	.....															
Charge:	.....	.....	.....	.....															
Total Inv Amt:	5360.85;	No of Ln Items:	1:	Ship Qty / UOM:	57. Case														
Line Item Details																			
ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	PackSize	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Monetary Amount
1	57	Case	94.05	Buyer Item No (KSN)	002452537	14 digit GTIN No	00841708148850	PR	RO			EXP BUTTON SI WHITE 9PCS	9	9	Each				5360.85

Date:01/31/2019

**BILL OF LADING**Page 1

## SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB: 

## SHIP TO

Name: Western Regional Specialty DC Location #: \_\_\_\_\_

Address: 3100 MILLIKEN AVE

City/State/Zip: MIRA LOMA , CA 91752

CID#:

FOB: 

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

## SPECIAL INSTRUCTIONS:

Load# 19012900713

CARRIER NAME: Dart

Trailer number: 535414

Seal number(s): 9245180

SCAC:

Pro number:

**BAR CODE SPACE**

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid  Collect  3<sup>rd</sup> Party  Master Bill of Lading: with attached underlying Bills of Lading  
(check box)

CUSTOMER ORDER INFORMATION					ADDITIONAL SHIPPER INFO	
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)		
08780043871		44	1		Bol#08117990209402611	
08780043874		186	2		Bol#08117990209409023	
08780043873		57	1		Bol#08117990209401805	
08780043865		145	1		Bol#08117990209406091	

GRAND TOTAL 432 5

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(f) of HMRPC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
5	PLt	432	ctns	4862				

**GRAND TOTAL**

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per \_\_\_\_\_

COD Amount: \$

Fee Terms: Collect:  Prepaid:   
Customer check acceptable: **NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

- By Shipper  
 By Driver

## Freight Counted:

- By Shipper  
 By Driver/pallets said to contain  
 By Driver/Places

**CARRIER SIGNATURE / PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in their possession.

*[Signature]* 1-30-19

Property described above is received in good order, except as noted.

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/31/2019;	Invoice No.:	3465;	Invoice Type:	First Cost Invoice:
PO No.:	0878004365;	Contact Name:	JOHN DEBRITO;	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM;
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No..					
Terms Type:		Discount Not Applicable:	Terms Date:	Previously agreed upon:	
Disc Percent:	4.5;	Net Days:	20;	Method of Pay:	Collect:
Disc Amount:	484.48;	Net Due Date:	02/20/2019;	Loc Qualifier:	City and State:
Disc Days Due:	20;	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	.....	Remit To DUNS: 00079173201
Transport Type:		Motor:	Agency Qualifier:	VICS:	
Ship To DUNS + 4:	0003947263780				
Bill of Lading #:		Amount:	08117990209406091:	Required and must match BOL # from the ASN - except for Small Packages Shipments:	
Code:			Method of Handling:	Description:	
Allowance:	.....	.....	.....	.....	
Charge:	.....	.....	.....	.....	
Total Inv Amt:	10766.25;	No of Ln Items:	1;	Ship Qty / UOM:	145: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	PackSize	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Description	Method of Handling	Monetary Amount	Amount
1	145	Case	74.25	Buyer Item No (KSN)	006058766	14 digit GTIN No	0841708150105	PR	RO			JEGGINGS 9PC DENIM ASSTD W/FRAY	9	9	Each					10766.250	

Date: 01/31/2019

# BILL OF LADING

Page 1

## SHIP FROM

Name: Bluestar Fashion / UNION LOGISTICS

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB:

## SHIP TO

Name: Western Regional Specialty DC Location #: \_\_\_\_\_

Address: 3100 MILLIKEN AVE

City/State/Zip: MIRA LOMA , CA 91752

CID#:

FOB:

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

State/Zip:

## SPECIAL INSTRUCTIONS:

Load# 19012900713

**CARRIER NAME:** Dart

Trailer number: 53544

Seal number(s): 9215180

**SCAC:**

**Pro number:**

## BAR CODE SPACE

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)

Prepaid  Collect  3rd Party

(check box)

Master Bill of Lading: with attached  
underlying Bills of Lading

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	# Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043871	44	1		Bol#08117990209402611
08780043874	186	2		Bol#08117990209409023
08780043873	57	1		Bol#08117990209401805
08780043865	145	1		Bol#08117990209406091

**GRAND TOTAL** 432 5

## CARRIER INFORMATION

HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC #	CLASS
PLt	432	ctns	4862		Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMPC Item 360		

## GRAND TOTAL

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$

Fee Terms: Collect:  Prepaid:   
Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable: See 49 U.S.C. § 14706(c)(1)(A) and (B).**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

## SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

## Trailer Loaded:

- By Shipper
- By Driver
- By Driver/pallets said to contain
- By Driver/Pieces

## Freight Counted:

## CARRIER SIGNATURE / PICKUP DATE

CARRIER acknowledges receipt of package and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in their vehicle.

Property listed above is received in good order, except as noted.

1-30-19